

Project Sponsor:	_____	Report Type:	<input type="checkbox"/> Interim
Grant #:	_____		<input type="checkbox"/> Final
County:	_____	Report Date:	<input type="checkbox"/> January 1 – June 30, 200 _____
			<input type="checkbox"/> July 1 – December, 200 _____
Activity Description:	_____	Grant Amount	\$ _____
Grant Execution Date:	_____	Current Grant Expiration Date:	_____

In order for your semi-annual performance report to be complete, all of the following tables must be attached:

- Table 1 - Grant Summary
- Table 2 - Cumulative Financial Status Report
- Table 3 - Contract/Subcontract Activity
- Table 4 - Applicants & Beneficiaries Summary

**Report prepared by:**

Name:	_____
Organization:	_____
Address:	_____
City, State, Zip:	_____
Area Code & Phone Number:	_____
Area Code & Fax Number:	_____

**Project Sponsor's Certification:**

The project sponsor's Chief Executive Officer certifies that:

- To the best of his/her knowledge or belief, the data in this report was true and correct as of the report end date.
- The records described in 24 CFR Part 574 are being maintained and will be made available upon request.

Signature, Chief Executive Officer	_____	Date	_____
Typed Name, Chief Executive Officer	_____	Title	_____

IHFA Review: \_\_\_\_\_ Date: \_\_\_\_\_ IHFA Data Entry: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Grant #: \_\_\_\_\_

1. Provide a narrative summary of specific accomplishments achieved during the current reporting period.

2. Describe any problems or delays encountered or anticipated in accomplishing the grant objectives within the approved grant period.

**INDIANA HOUSING FINANCE AUTHORITY*****HOPWA Semi-Annual Performance Report  
Table 2 – Project Sponsor Financial Status Report***

Project Sponsor : \_\_\_\_\_

Grant #: \_\_\_\_\_

**Project Sponsor Funding Summary – List HOPWA funds ONLY**

<b>A. Budget Line Item Name</b>	<b>B. Latest Approved Budget Line Item Amount</b>	<b>C. Total Commitments (Amount Under Contract or Allocated to a Specific Purpose)</b>	<b>D. Disbursements of HOPWA Funds</b>	<b>E. Unpaid Obligations (Column C minus D)</b>	<b>F. Uncommitted HOPWA Funds (Column B minus C)</b>
<b>TOTAL</b>					

**Summary of HOPWA Drawdown Requests**

<b>Drawdown #</b>	<b>Date HOPWA funds received from IHFA</b>	<b>Amount of HOPWA drawdown</b>	<b>Cumulative HOPWA funds received</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Table 3 – Contract/Subcontract Activity

Project \_\_\_\_\_

Sponsor : \_\_\_\_\_

Grant #: \_\_\_\_\_

Current Reporting Period	Cumulative

1. Total Amount of Contracts Awarded (all funding sources)
2. Total Amount of HOPWA Contracts Awarded
3. Total Number of Contracts Awarded (all funding sources)
4. Total Number of HOPWA Contracts Awarded

## Type of Code

- 1 = New Construction
- 2 = Rehabilitation
- 3 = Project Mgt., Administration
- 4 = Professional
- 5 = Education/Training
- 6 = Arch./Eng./Appraisal
- 7 = Other

## \*\* Racial/Ethnic Codes:

- 1 = White Americans
- 2 = Black Americans
- 3 = Native Americans
- 4 = Hispanic Americans
- 5 = Asian or Pacific Islander
- 0 = Public Agency/Non-Profit

\*\*\* Federal Employer ID # must be provided.

\*\*\*\* Defined as business located within project county or substantially owned by a county resident.

## List all Professional Service Contracts or Subcontracts (Including Subrecipient Agreements) Executed During Reporting Period

Date of Contract Execution	Total Amount of Contract Subcontract	HOPWA Portion Contract	Type of Trade Code*	Racial/Ethnic Code**	Federal Employer Identification Number***	Contractor/Subcontractor/Landlord Name and Address	Name	Street	City	State	Zip Code	Female Business Y/N	Local Business Y/N****

## List All Construction Contracts or Subcontracts Executed During Reporting Period

Date of Contract Execution	Total Amount of Contract Subcontract	HOPWA Portion Contract	Type of Trade Code*	Racial/Ethnic Code**	Federal Employer Identification Number***	Contractor/Subcontractor/Landlord Name and Address	Name	Street	City	State	Zip Code	Female Business Y/N	Local Business Y/N****

Project Sponsor : \_\_\_\_\_

Grant #: \_\_\_\_\_

Project Type:

Submit one sheet for each project activity. If project involves more than one activity, submit a sheet for each activity and a total sheet.

☐ Housing Information

☐ Acquisition/Repair/Rehab

☐ Short-term Rent

☐ Operating Cost

☐ Resource Identification

☐ Rental Assistance

☐ Supportive Services

☐ Technical Assistance

☐ Total (non-double counted)

	Applicants During Current Reporting Period	Cumulative Applicants	Beneficiaries During Current Reporting Period	Cumulative Beneficiaries
1. Total Households	_____	_____	_____	_____
2. White (non-Hispanic)				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
3. African-American				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
4. Hispanic				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
5. Asian				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
6. Native American				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
7. Total Persons (2+3+4+5+6)	_____	_____	_____	_____
8. Total Low/Mod Income				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
9. Disabled				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
10. Elderly (62 and over)				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____
11. Persons in Female Headed Households				
Number of Persons	_____	_____	_____	_____
Percent	_____	_____	_____	_____